

## Filing at a Glance

Company: American Family Home Insurance Company

Product Name: Recreational Vehicle Program SERFF Tr Num: AMMH-125222010 State: Arkansas

TOI: 19.0 Personal Auto SERFF Status: Pending State Action State Tr Num: AR-PC-07-025290

Sub-TOI: 19.0003 Recreational Vehicle

Co Tr Num: 20070628-01

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Alexa Grissom, Betty Montesi

Author: Missy Deller

Disposition Date:

Date Submitted: 06-29-2007

Disposition Status:

Effective Date Requested (New): 01-01-2008

Effective Date (New):

Effective Date Requested (Renewal): 01-01-2008

Effective Date (Renewal):

## General Information

Project Name: Form Filing

Status of Filing in Domicile:

Project Number: 20070628-01

Domicile Status Comments:

Reference Organization: n/a

Reference Number: n/a

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 07-10-2007

State Status Changed: 06-29-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Recreational Vehicle Program form filing

## Company and Contact

### Filing Contact Information

Melissa Deller, Filing Analyst

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Amelia, OH 45102

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### Filing Company Information

American Family Home Insurance Company

CoCode: 23450

State of Domicile: Florida

7000 Midland Blvd.

Group Code: 127

Company Type:

Amelia, OH 45102

Group Name:

State ID Number:

(800) 759-9008 ext. [Phone]

FEIN Number: 31-0711074

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## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	07-12-2007	

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Alexa Grissom	07-02-2007	07-02-2007	Missy Deller	07-10-2007	07-10-2007
Industry						
Response						

## Disposition

Disposition Date: 07-12-2007

Effective Date (New): 01-01-2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Cover letter	Approved	Yes
<b>Supporting Document</b>	Filing Memorandum	Approved	Yes
<b>Supporting Document</b>	Flesh score	Approved	Yes
<b>Supporting Document</b>	Form Filing	Approved	Yes
<b>Form</b>	Motor Home forms	Approved	Yes
<b>Form</b>	Motor HOrme forms	Approved	Yes
<b>Form</b>	Motor Home forms	Approved	Yes
<b>Form</b>	Travel Trailer forms	Approved	Yes
<b>Form</b>	Travel Trailer Forms	Approved	Yes
<b>Form</b>	Motor Home and Travel Trailer forms	Approved	Yes
<b>Form</b> ( <i>revised</i> )	Declarations	Approved	Yes
<b>Form</b>	Declarations	Approved	Yes

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07-02-2007

Submitted Date 07-02-2007

Dear Melissa Deller,

This will acknowledge receipt of the captioned filing.

Please submit a "John Doe" declarations for Arkansas. Please note the minimum liability limits are 25/50/25.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 07-10-2007

Submitted Date 07-10-2007

Dear Alexa Grissom,

Comments:

### Response 1

Comments: Revised Declarations.

No Supporting Documents have changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score
Declaration 0110-4269		10/07	Declarations/Schedule	Replaced		0

No Rate/Rule Schedule Item Changes

Sincerely,

Missy Deller

**Form Schedule**

<b>Review Status</b>	<b>Form Name</b>	<b>Form #</b>	<b>Edition Date</b>	<b>Form Type Action</b>	<b>Action Specific Data</b>	<b>Readability</b>	<b>Attachment</b>
Approved	Motor Home forms			Endorsement/Amendment/Conditions Replaced		0.00	V8111-200609.pdf VRG00-200704.pdf
Approved	Motor Home forms			Endorsement/Amendment/Conditions New		0.00	VRQ00 200612.pdf VRX00 200612.pdf VRJ00 200612.pdf VRZ00 200612.pdf VRS 200612.pdf
Approved	Motor Home forms			Endorsement/Amendment/Conditions New		0.00	VRK00 200612.pdf
Approved	Travel Trailer forms			Endorsement/Amendment/Conditions Replaced		0.00	V811T-200612.pdf
Approved	Travel Trailer Forms			Endorsement/Amendment/Conditions New		0.00	VTQ00 200612.pdf VTX00 200701.pdf VTJ00 200612.pdf VTS00 200612.pdf VTG00- 200701.pdf
Approved	Motor Home and Travel Trailer forms			Endorsement/Amendment/Conditions Replaced		0.00	V8191-200703.pdf
Approved	Declarations	0110-426910/07		Declaration Schedule Replaced		0.00	AFHDecRV Revised.pdf
Approved	Declarations	0110-426901/07		Declaration Schedule Replaced		0.00	AFHDecRV.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## MOTOR HOME POLICY REPLACEMENT COST LOSS SETTLEMENT ENDORSEMENT

### DEFINITIONS

The following definitions are added:

1. **"Total loss"** means a loss for which the cost of repairs (including parts and labor) exceeds 80% of the actual cash value of **"your covered motor home"** at the time of loss.
2. **"Model year"** for a given calendar year begins on January 1st and ends December 31st of such calendar year.

### PART D - COVERAGE FOR DAMAGE TO YOUR MOTOR HOME

The **LIMIT OF LIABILITY** Provision is replaced by the following:

A. Our limit of liability for a **"total loss"** to **"your covered motor home"** will be settled as follows:

1. If you elect to replace **"your covered motor home"** and the **"model year"** is the current "model year" or first through fourth preceding **"model years"**, our limit of liability, less any applicable deductible, will be the cost of a new **"motor home"** that is the same, to the extent possible, as **"your covered motor home"** in the following areas:
  - a. make;
  - b. model;
  - c. class;
  - d. size;
  - e. body type; and
  - f. equipment.

The replacement **"motor home"** need not have the same interior or exterior colors or layout as **"your covered motor home"** unless those colors and layout are reasonably available. The determination of whether a **"motor home"** is the same or comparable will be made by the Company.

2. If you elect to replace **"your covered motor home"** and the **"model year"** is the fifth and subsequent **"model years"**, our limit of liability will be the lesser of:
  - a. the difference between the cost of the replacement **"motor home"** and the **"actual cash value"** of **"your covered motor home"**; or
  - b. the difference between the replacement **"motor home"** and the amount shown on the Declarations.

3. If you elect not to replace "**your covered motor home**", then our limit of liability for loss will be the lesser of the following:
    - a. Amount shown in the Declarations;
    - b. "**Actual cash value**" of "**your covered motor home**" at the time of loss; or
    - c. Amount necessary to repair or replace "**your covered motor home**";
  4. We will pay no more than the amount in provision A.3. above until the unit is replaced. When and if the unit is replaced within 90 days, we will pay the amount according provisions A.1. and A.2. above.
  5. Our payment for loss will be reduced by any applicable deductible shown in the Declarations.
- B. Our limit of liability for a loss other than a "**total loss**" will be the lesser of:
1. Value amount shown in the Declarations;
  2. "**Actual cash value**" of the stolen or damaged property at the time of loss; or
  3. Amount necessary to repair or replace the property.
- Our payment for loss will be reduced by any applicable deductible shown in the Declarations.
- C. An adjustment for depreciation and physical condition will be made in determining "**actual cash value**" at the time of loss.
- D. We reserve the right to repair or replace the damaged property or to pay for the loss in money.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **MOTOR HOME POLICY FULL SAFETY GLASS COVERAGE**

With respect to the coverage provided by this endorsement, the provisions of the policy apply unless modified by the endorsement.

### **PART D - COVERAGE FOR DAMAGE TO YOUR MOTOR HOME**

The following is added to the first paragraph of the **Insuring Agreement**:

If the Declarations Page indicates that Other Than Collision coverage applies and there is a specific premium shown on the Declarations Page for Glass Coverage, we will pay the cost of repairing or replacing damaged glass on "**your covered motor home**". A \$100 deductible will apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **MOTOR HOME POLICY IDENTITY FRAUD EXPENSE COVERAGE**

### **DEFINITIONS**

With respect to the provisions of this endorsement only, the following definitions are added:

1. **“Identity theft”** means the act by another person of using, without your express or implied permission and for purposes of committing fraud or other crimes, personal identifying information belonging to you, such as your:
  - a. name;
  - b. Social Security number;
  - c. driver’s license number
  - d. bank account number(s); or
  - e. credit card account number(s).
  
2. **“Identity theft expenses”** means the following when incurred by you as a direct result of **“identity theft”** to which this coverage applies:
  - a. reasonable expenses you incur for retaining the services of a firm that you authorize to work on your behalf to assist you in reporting and addressing the effects of **“identity theft”**.

The most we will pay for these services in any one policy period is \$2,000. This limitation does not increase the amount of insurance under this coverage, and applies regardless of the number of:

    - (1) instances of **“identity theft”** or when they occurred; or
    - (2) persons making claim under this coverage;
  
  - b. wages or salary you lose as a direct result of reasonable time off work you take to complete affidavits or to meet with merchants, law enforcement agencies, financial institutions or other credit grantors, credit reporting agencies, or legal counsel to report or address the effects of **“identity theft”**.

The most we will pay for wages or salary lost in any one policy period is \$5,000, subject to a maximum of \$250 per day. This limitation does not increase the amount of insurance under this coverage, and applies regardless of the number of:

    - (1) instances of **“identity theft”** or when they occurred; or
    - (2) persons making claim under this coverage;

- c. reasonable attorney fees, incurred with our prior consent, for:
  - (1) your defense against any suit(s) brought against you by merchants, financial institutions or other credit grantors, or their collection agencies;
  - (2) the removal of any criminal or civil judgments wrongly entered against you; or
  - (3) any challenge to the information in your credit report;
- d. reasonable expenses you incur, for purposes of reporting or addressing the effects of **"identity theft"**, for:
  - (1) mailing affidavits or other documents to merchants, law enforcement agencies, financial institutions or other credit grantors, credit reporting agencies, or legal counsel;
  - (2) long distance telephone calls to merchants, law enforcement agencies, financial institutions or other credit grantors, credit reporting agencies, or legal counsel; or
  - (3) having affidavits or other documents notarized; and
- e. reasonable expense you incur for loan application fees when reapplying for a loan that was denied solely because the lender received incorrect information about you as a result of **"identity theft"**.

We do not cover **"identity theft expenses"** resulting from **"identity theft"** committed by or at the direction of an **"insured"**.

A \$100 deductible applies to this coverage.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## FULL TIMER'S MEDICAL PAYMENTS COVERAGE

It is hereby understood and agreed that for an additional premium the following coverage is added to your policy.

### DEFINITIONS

The following Definitions are added:

**"Insured Location"** means:

- a. **"your covered motor home"** while it is parked off public roads with the engine turned off and is being used as your primary residence; or
- b. that portion of vacant land owned by or rented to you other than farm land; or
- c. any part of a premises that is not:
  - (1) owned by you;
  - (2) rented to you for a term that exceeds one hundred eighty (180) days; or
  - (3) rented to you for **"business"** purposes;

but only if and while you are temporarily residing on such premises.

**"Motor vehicle"** means:

- a. **"your covered motor home"** but not while it is parked off public roads with the engine turned off and is being used as your primary residence; or
- b. any other motorized land vehicle designed for travel on public roads and subject to motor vehicle registration; or
- c. a trailer or semi-trailer designed for travel on public roads and subject to motor vehicle registration; or
- d. a golf cart, snowmobile or other motorized land vehicle owned by you and designed for use off public roads, while off an **"insured location"**; or
- e. any vehicle being towed by or carried on a vehicle defined as a **"motor vehicle"** in this section.

However, **"motor vehicle"** does not include:

- a. a motorized land vehicle in dead storage;
- b. a boat or a trailer not being towed by or carried on a vehicle defined as a **"motor vehicle"** in this section;
- c. **"your covered motor home"** while it is parked off public roads and is being used as your primary residence; or
- d. a golf cart while used for golfing purposes.

Definition F., “**Family member**” is replaced by the following:

“**Family member**” means a person related to you by blood, marriage or adoption who is living in “**your covered motor home**”.

**PART B – MEDICAL PAYMENTS COVERAGE** Section is replaced by the following:

### **PART B – MEDICAL PAYMENTS COVERAGE**

#### **INSURING AGREEMENT**

- A. We will pay for “**medical expenses**” incurred for necessary medical and funeral services because of “**bodily injury**” to an “**insured**”, who is, at the time of the “**accident**”, on an “**insured location**”.
- B. “**Insured**” as used in this Part means:  
You or any “**family member**”.
- C. “**Accident**” means an unexpected and unintended event, including continuous or repeated exposure to substantially the same general harmful conditions, which results in “**bodily injury**” during the policy period.
- D. “**Medical Expenses**” means expenses for reasonable and necessary medical, surgical, dental, x-ray, ambulance, hospital and funeral services, including the cost of pharmaceutical, orthopedics and prosthetic devices, which are incurred on account of “**bodily injury**” caused by an “**accident**”. Such expenses must be incurred within one (1) year of the date of the “**accident**”.

#### **EXCLUSIONS**

We do not provide Medical Payments coverage for any “**insured**” for “**bodily injury**”:

- 1. Arising out of the ownership, maintenance, use, loading or unloading of:
  - a. an aircraft;
  - b. a “**motor vehicle**” (which includes “**your covered motor home**” while it is not parked off public roads); or
  - c. a watercraft owned or rented to you or a “**family member**” if the watercraft has inboard or inboard-outboard motor power of more than fifty (50) horsepower or is a sailing vessel, with or without auxiliary power, twenty-six (26) feet in overall length.

This exclusion does not apply while the watercraft is stored.

- 2. Arising out of the rendering or failing to render professional services.
- 3. Arising out of or occurring at any premises:
  - a. rented to you or a “**family member**”;
  - b. owned by you or a “**family member**”;
  - c. rented to others by you or a “**family member**”;that is not an “**insured location**”.

4. Caused by war (declared or not), any act of war, civil commotion, riot, any nuclear activity or radiation or any resulting action from any of these.
5. To an **“insured person”** who suffers **“bodily injury”** during the course of his/her employment.
6. Caused by the intentional act of you or a **“family member”** or at the direction of you or a **“family member”**.
7. To any **“insured”** while on the **“insured location”** to conduct **“business”** pursuits regardless of whether **“business”** is being conducted at the time of the **“accident”**.

#### **LIMIT OF LIABILITY**

We will pay up to \$10,000 for each **“insured”** injured in any one **“accident”**, provided that the most we will pay for all injuries suffered in one **“accident”**, regardless of the number of **“insureds”**, is \$20,000.

#### **OTHER INSURANCE**

This insurance is excess over any other applicable insurance, including, but not limited to, any applicable health or disability insurance, Medicare, or any military insurance benefits. If other insurance covers an **“accident”** on an excess basis, then we will pay the proportionate share that our Limit of Liability bears to the total of all applicable limits.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **MOTOR HOME POLICY ADJACENT STRUCTURES COVERAGE**

It is hereby understood and agreed that for an additional premium the following coverage is added to your policy.

### **DEFINITIONS**

**“Insured Location”** means:

- a. **“Your covered motor home”** while it is parked off public roads with the engine turned off and is being used as a primary residence;
- b. that portion of vacant land owned by or rented to you other than farm land; or
- c. any part of a premises that is not:
  - (1) owned by you; or
  - (2) rented to you for a term that exceeds one hundred-eighty (180) days; or
  - (3) rented to you for **“business”** purposes,but only while you are temporarily residing on such premises.

### **INSURING AGREEMENT**

We will pay for direct, sudden and accidental loss of or damage to structures and their contents you own on your **“insured location”**. This coverage does not apply to damage that occurs over time, as the result of improper maintenance, wear and tear or as a result of snow accumulation.

### **LIMIT OF LIABILITY**

The amount we will pay under this coverage will be the lesser of:

- a. the difference between the **“actual cash value”** of your property immediately before the loss and its **“actual cash value”** immediately after the loss;
- b. the cost of repairing the damages;
- c. the **“actual cash value”** of your property immediately preceding the loss;
- d. the cost to replace your property with property of similar kind, quality and value; or
- e. a maximum Limit of Liability of \$2,000 for this coverage.

### **CONDITIONS**

This coverage does not apply to any loss to any structure that occurs while the structure is being moved.

A \$100 deductible will apply to each loss caused by theft.

All other provisions of this policy apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## RECREATIONAL LAND MOTOR VEHICLE AND SMALL WATERCRAFT COVERAGE

### PART A – LIABILITY COVERAGE

The following definitions are added for this section only:

“**Recreational land motor vehicle**” means:

1. a golf cart;
2. an all terrain vehicle;
3. a motorized scooter;
4. a moped; or
5. other land motor vehicles with an engine size of 200 cubic centimeters or less.

“**Small watercraft**” means:

1. watercraft owned or rented to you if it has motor power of less than twenty-five (25) horsepower; or
2. a sailing vessel less than twenty (20) feet in length.

Under **INSURING AGREEMENT**, Paragraph A. is replaced by the following:

We will pay damages for “**bodily injury**” or “**property damage**” for which any “**insured**” becomes legally responsible because of an accident. Damage include pre-judgment interest awarded against the “**insured**”. We will settle or defend, as we consider appropriate, any claim or suit asking for these damages. In addition to our limit of liability, we will pay all defense costs we incur. Our duty to settle or defend ends when our limit of liability for this coverage has been exhausted by payment of judgments or settlements. We have no duty to defend any suit or settle any claim for “**bodily injury**” or “**property damage**” not covered under this section.

### PART D – COVERAGE FOR DAMAGE TO YOUR MOTOR HOME

The following definitions are added for this section only:

“**Recreational land motor vehicle**” means:

1. a golf cart;
2. an all terrain vehicle;
3. a motorized scooter;
4. a moped; or
5. other land motor vehicles with an engine size of 200 cubic centimeters or less.

**“Small watercraft”** means:

1. watercraft owned or rented to you if it has motor power of less than twenty-five (25) horsepower; or
2. a sailing vessel less than twenty (20) feet in length.

Under **INSURING AGREEMENT**, Paragraph A. is replaced by the following:

We will pay for direct and accidental loss to your **“recreational land motor vehicle”** or **“small watercraft”**, including their equipment, minus any applicable deductible shown in the Declarations. If loss to more than one **“recreational land motor vehicle”** or **“small watercraft”** results from the same **“collision”**, only the highest applicable deductible will apply. We will pay for loss to your **“recreational land motor vehicle”** or **“small watercraft”** caused by:

1. Other than **“collision”** only if the Declarations indicate that Other Than Collision Coverage is provided for that **“recreational land motor vehicle”** or **“small watercraft”**.
2. **“Collision”** only if the Declarations indicate that Collision Coverage is provided for that **“recreational land motor vehicle”** or **“small watercraft”**.

## **EXCLUSIONS**

The following Exclusions are added:

1. loss to your **“recreational land motor vehicle”** or **“small watercraft”** intentionally caused by you or by another person at your direction.
2. loss to your **“recreational land motor vehicle”** or **“small watercraft”** while being used in any illegal activity.
3. loss while your **“recreational land motor vehicle”** or **“small watercraft”** is being used in any **“business”**.
4. loss or damage limited only to the tires or wheels, unless the loss or damage to tires or wheels is a result of fire or theft.
5. loss or damage to your **“recreational land motor vehicle”** or **“small watercraft”** caused by impact of its wheels with the ground or road.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **MOTOR HOME POLICY FULL TIMER'S SECURED STORAGE PERSONAL EFFECTS COVERAGE ENDORSEMENT**

It is hereby understood and agreed that for an additional premium the following coverage is added to your policy.

### **DEFINITIONS**

When used in this endorsement:

1. **"Personal Effects"** means any personal property owned by you or a **"relative"**, including household and other items normally used in conjunction with **"your covered motor home"** other than:
  - a. Self-propelled vehicles or watercraft;
  - b. Deeds, documents, records, bills, money (other than coin collections), notes, securities or other evidence of debt;
  - c. Any property used in your business or employment; or
  - d. Animals (including birds).
2. **"Secured storage location"** means a segregated portion of a building used in commercial storage business where access to your **"personal effects"** is restricted to you or your designated representative by locks, walls, or cages.
3. **"Relative"** means a person residing in the same household as you, and related to you by blood, marriage or adoption, including a ward, stepchild or foster child. Unmarried dependent children temporarily away from home will be considered residents if:
  - a. They are under the age of twenty-five (25) years; and
  - b. They intend to continue to reside in your household.

### **INSURING AGREEMENT**

Subject to the Limit of Liability, if you pay a premium for coverage, we will pay you for loss to **"secured storage personal effects"** while inside a **"secured storage location"** caused by:

1. Fire or lightning;
2. Explosion, smoke or smudge;
3. Windstorm, hail, earthquake, landslide, flood, rain, snow, sand, sleet or dust. This does not include loss to scheduled personal effects inside a **"secured storage location"** caused by rain, snow, sleet or dust unless the **"secured storage location"** is first damaged by the direct force of wind or hail, creating an opening through which the rain, snow, sleet or dust enters;
4. Riot or civil commotion;
5. Vandalism, but not when caused by you or a **"relative"**;
6. Aircraft and missiles;
7. Objects falling outside the **"secured storage location"**;

8. Theft, including larceny, robbery, burglary, or pilferage, all subject to the following additional conditions and limitations:

- a. We may return any stolen property to you, along with payment for damage resulting from theft, at any time before settlement of a loss under this endorsement.
- b. Theft must be a result of forcible entry of which there is evidence by visible marks of entry made by tools, electricity, explosives, chemicals, or other physical damage.
- c. Each loss must be reported promptly to the police or appropriate civil authority.
- d. We do not cover theft of "**personal effects**" while the "**personal effects**" are outside the "**secured storage location**".

However, no coverage is provided for theft of scheduled personal effects unless you, or someone on your behalf, reports the accident to the police or civil authority within twenty-four (24) hours or as soon as practicable after the loss.

### **EXCLUSIONS**

Coverage under this endorsement does not apply for loss:

1. For diminution of value;
2. Caused by birds, vermin, rodents, insects, domestic animals, or caused by animals owned or kept by you;
3. Caused intentionally by or at the direction of you or any "**relative**";
4. That is confined to scorching as a result of fire or lightning;
5. Due to abandonment;
6. To articles or merchandise held as samples for storage or repair or for demonstration or sale;
7. That occurs outside the "**secured storage location**";
8. If the "**secured storage location**" is being used for commercial or "**business**" purposes.

### **LIMITS OF LIABILITY**

The Limit of Liability for this coverage shall be as follows:

1. The aggregate Limit of Liability for any loss will be the lowest of:
  - a. The amount shown on the Declarations;
  - b. The cost of repairing or replacing the item or items with other of like kind and quality;
  - c. The applicable item limit set forth below; or
  - d. The applicable group limit set forth below.
2. Subject to the aggregate Limit of Liability shown on the Declarations for this coverage, we will pay no more than \$500 for any loss of a single item of \$1,000 for loss of any group of items from the following groups:
  - a. Travel tickets, passports, and manuscripts;
  - b. Coin collections and equipment, and stamps and collecting supplies;

- c. All cameras and equipment used with cameras;
  - d. Any single article of jewelry, art, heirlooms, antiques and furs (including any article containing fur which represents its principal value);
  - e. Non-motorized recreational equipment, guns, fishing, golf, and skiing equipment.
3. Subject to the aggregate Limit of Liability shown on the Declarations, we will pay no more than \$500 for any loss of a single item or \$3,000 for loss of any group of items from the following groups:
- a. Personal computers, monitors, word processors and data media used for personal purposes;
  - b. Devices or instruments for the transmitting, recording, receiving or reproduction of sound or pictures, including accessories, antennas, tapes, wires, records, disks or other media for use with any such device or instrument;
  - c. Silverware, silver-plated flatware, goldware, gold-plated ware and pewterware (including, but not limited to, flatware, hollowware, tea sets, trays and trophies made of or including silver, gold or pewter);
  - d. Household furnishings including upholstered and non-upholstered furniture, lamps, paintings and rugs;
  - e. Lawn and garden equipment.
4. Subject to all other applicable Limits of Liability, our Limit of Liability for loss to part of a pair or set, series of objects, pieces or panels is the lowest of:
- a. The cost to repair or replace the part that restores the set to its value before the loss;
  - b. The difference between the “**actual cash value**” of the set before the loss and after the loss;
  - c. The cost of a substitute part that reasonably matches the rest of the set.

We have no obligation to replace the entire set if only one part is lost or damaged.

#### **OTHER INSURANCE**

Any insurance we provide under this endorsement will be excess over any other collectible source of recovery including, but not limited to, any coverage provided by homeowner's insurance. If there is other similar insurance, we will pay only our share of the loss. Our share is the proportion that our Limit of Liability bears to the total of all applicable limits of liability.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **MOTOR HOME POLICY FULL TIMER'S LOSS ASSESSMENT COVERAGE**

It is hereby understood and agreed that for and additional premium the following coverage is added to your policy.

### **PART A - LIABILITY COVERAGE**

#### **SUPPLEMENTARY PAYMENTS**

The following Item 6., is added:

- a. Up to \$5,000 for your share of any loss assessment charged during the policy period against you by a corporation or association of property owners, when the assessment is made as a result of:
  - (1) **"bodily injury"** or **"property damage"** not excluded under **PART A** of this policy; or
  - (2) liability for an act of a director, officer or trustee in the capacity as a director, officer or trustee, provided:
    - (a) the director, officer or trustee is elected by the members of a corporation or association of property owners; and
    - (b) the director, officer or trustee serves without deriving any income from the exercise of duties that are solely on behalf of a corporation or association of property owners.
- b. This coverage applies only to loss assessments charged against you as owner of **"your covered motor home"**.
- c. We do not cover loss assessments charged against you or a corporation or association of property owners by any governmental body.
- d. Regardless of the number of assessments, the limit of \$5,000 is the most we will pay for loss arising out of:
  - (1) one accident, including continuous or repeated exposure to substantially the same general harmful condition; or
  - (2) a covered act of a director, officer or trustee. An act involving more than one director, officer or trustee is considered to be a single act.

Under **PART F - GENERAL PROVISIONS**, Policy Period, does not apply to this coverage. However, the **POLICY TERRITORY PROVISION** remains applicable.

### **PART D - COVERAGE FOR DAMAGE TO YOUR MOTOR HOME**

The following **SUPPLEMENTARY PAYMENTS** section is added:

#### **LOSS ASSESSMENT COVERAGE**

- a. We will pay up to \$5,000 for your share of any loss assessment charged during the policy period against you by a corporation or association of property owners, when the assessment is made as a result of direct loss to the property, owned by all members collectively, covered by the **INSURING AGREEMENT** of **PART D - COVERAGE FOR DAMAGE TO YOUR MOTOR HOME** of this policy, other than earthquake or land shock waves or tremors before, during or after a volcanic eruption.

- b. This coverage applies only to loss assessments charged against you as owner of "**your covered motor home**".
- c. We do not cover loss assessments charged against you or a corporation or association of property owners by any governmental body.
- d. The limit of \$5,000 is the most we will pay with respect to any one loss, regardless of the number of assessments.
- e. Under **PART F - GENERAL PROVISIONS**, Policy Period, does not apply to this coverage. However, the **POLICY TERRITORY** Provision remains applicable.

All other provisions of this policy apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## TRAVEL TRAILER POLICY REPLACEMENT COST LOSS SETTLEMENT ENDORSEMENT

### DEFINITIONS

The following definitions are added:

1. **"Total loss"** means a loss for which the cost of repairs (including parts and labor) exceeds 80% of the actual cash value of **"your covered travel trailer"** at the time of loss.
2. **"Model year"** for a given calendar year begins on January 1st and ends December 31st of such calendar year.

### PART D - COVERAGE FOR DAMAGE TO YOUR TRAVEL TRAILER

The **LIMIT OF LIABILITY** section is replaced by the following:

A. Our limit of liability for a **"total loss"** to **"your covered travel trailer"** will be settled as follows:

1. If you elect to replace **"your covered travel trailer"** and the **"model year"** is the current "model year" or first through fourth preceding **"model years"**, our limit of liability, less any applicable deductible, will be the cost of a new **"travel trailer"** that is the same, to the extent possible, as **"your covered travel trailer"** in the following areas:
  - a. make;
  - b. model;
  - c. class;
  - d. size;
  - e. body type; and
  - f. equipment.

The replacement **"travel trailer"** need not have the same interior or exterior colors or layout as **"your covered travel trailer"** unless those colors and layout are reasonably available. The determination of whether a **"travel trailer"** is the same or comparable will be made by the Company.

2. If you elect to replace **"your covered travel trailer"** and the **"model year"** is the fifth and subsequent **"model years"**, our limit of liability will be the lesser of:
  - a. the difference between the cost of the replacement **"travel trailer"** and the **"actual cash value"** of **"your covered travel trailer"**; or
  - b. the difference between the replacement **"travel trailer"** and the amount shown on the Declarations.

3. If you elect not to replace "**your covered travel trailer**", then our limit of liability for loss will be the lesser of the following:
    - a. Amount shown in the Declarations;
    - b. "**Actual cash value**" of "**your covered travel trailer**" at the time of loss; or
    - c. Amount necessary to repair or replace "**your covered travel trailer**".  
less any applicable deductible.
  4. We will pay no more than the amount in provision A.3. above until the unit is replaced. When and if the unit is replaced within 90 days, we will pay the amount according to provisions A.1. and A.2. above.
  5. Our payment for loss will be reduced by any applicable deductible shown in the Declarations.
- B. Our limit of liability for a loss other than a "**total loss**" shall not exceed:
1. Value amount shown in the Declarations;
  2. "**Actual cash value**" of the stolen or damaged property at the time of loss; or
  3. Amount necessary to repair or replace the property.
- Our payment for loss will be reduced by any applicable deductible shown in the Declarations.
- C. An adjustment for depreciation and physical condition will be made in determining "**actual cash value**" at the time of loss.
- D. We reserve the right to repair or replace the damaged property or to pay for the loss in money.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **TRAVEL TRAILER POLICY IDENTITY FRAUD EXPENSE COVERAGE**

### **DEFINITIONS**

With respect to the provisions of this endorsement only, the following definitions are added:

1. **“Identity theft”** means the act by another person of using, without your express or implied permission and for purposes of committing fraud or other crimes, personal identifying information belonging to you, such as your:
  - a. name;
  - b. Social Security number;
  - c. driver’s license number
  - d. bank account number(s); or
  - e. credit card account number(s).
  
2. **“Identity theft expenses”** means the following when incurred by you as a direct result of **“identity theft”** to which this coverage applies:
  - a. reasonable expenses you incur for retaining the services of a firm that you authorize to work on your behalf to assist you in reporting and addressing the effects of **“identity theft”**.

The most we will pay for these services in any one policy period is \$2,000. This limitation does not increase the amount of insurance under this coverage, and applies regardless of the number of:

    - (1) instances of **“identity theft”** or when they occurred; or
    - (2) persons making claim under this coverage;
  
  - b. wages or salary you lose as a direct result of reasonable time off work you take to complete affidavits or to meet with merchants, law enforcement agencies, financial institutions or other credit grantors, credit reporting agencies, or legal counsel to report or address the effects of **“identity theft”**.

The most we will pay for wages or salary lost in any one policy period is \$5,000, subject to a maximum of \$250 per day. This limitation does not increase the amount of insurance under this coverage, and applies regardless of the number of:

    - (1) instances of **“identity theft”** or when they occurred; or
    - (2) persons making claim under this coverage;

- c. reasonable attorney fees, incurred with our prior consent, for:
  - (1) your defense against any suit(s) brought against you by merchants, financial institutions or other credit grantors, or their collection agencies;
  - (2) the removal of any criminal or civil judgments wrongly entered against you; or
  - (3) any challenge to the information in your credit report;
- d. reasonable expenses you incur, for purposes of reporting or addressing the effects of **"identity theft"**, for:
  - (1) mailing affidavits or other documents to merchants, law enforcement agencies, financial institutions or other credit grantors, credit reporting agencies, or legal counsel;
  - (2) long distance telephone calls to merchants, law enforcement agencies, financial institutions or other credit grantors, credit reporting agencies, or legal counsel; or
  - (3) having affidavits or other documents notarized; and
- e. reasonable expense you incur for loan application fees when reapplying for a loan that was denied solely because the lender received incorrect information about you as a result of **"identity theft"**.

We do not cover **"identity theft expenses"** resulting from **"identity theft"** committed by or at the direction of an **"insured"**.

A \$100 deductible applies to this coverage.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **TRAVEL TRAILER POLICY FULL TIMER'S MEDICAL PAYMENTS COVERAGE**

It is hereby understood and agreed that for an additional premium the following coverage is added to your policy.

### **DEFINITIONS**

The following Definitions are added:

**"Insured Location"** means:

- a. **"your covered travel trailer"** while it is parked off public roads with the engine of the towing or transportation vehicle turned off and is being used as your primary residence; or
- b. that portion of vacant land owned by or rented to you other than farm land; or
- c. any part of a premises that is not:
  - (1) owned by you;
  - (2) rented to you for a term that exceeds one hundred eighty (180) days; or
  - (3) rented to you for **"business"** purposes;

but only if and while you are temporarily residing on such premises.

**"Motor vehicle"** means:

- a. **"your covered travel trailer"** but not while it is parked off public roads with the engine of the towing or transportation vehicle turned off and is being used as your primary residence; or
- b. any other motorized land vehicle designed for travel on public roads and subject to motor vehicle registration; or
- c. a trailer or semi-trailer designed for travel on public roads and subject to motor vehicle registration; or
- d. a golf cart, snowmobile or other motorized land vehicle owned by you and designed for use off public roads, while off an **"insured location"**; or
- e. any vehicle being towed by or carried on a vehicle defined as a **"motor vehicle"** in this section.

However, **"motor vehicle"** does not include:

- a. a motorized land vehicle in dead storage;
- b. a boat or a trailer not being towed by or carried on a vehicle defined as a **"motor vehicle"** in this section;
- c. **"your covered travel trailer"** while it is parked off public roads and is being used as your primary residence; or
- d. a golf cart while used for golfing purposes.

Definition F., “**Family member**” is replaced by the following:

“**Family member**” means a person related to you by blood, marriage or adoption who is living in “**your covered travel trailer**”.

With respect to this endorsement the following coverage is added:

### **MEDICAL PAYMENTS COVERAGE**

#### **INSURING AGREEMENT**

- A. We will pay for “**medical expenses**” incurred for necessary medical and funeral services because of “**bodily injury**” to an “**insured**”, who is, at the time of the “**accident**”, on an “**insured location**”.
- B. “**Insured**” as used in this Part means:  
You or any “**family member**”.
- C. “**Accident**” means an unexpected and unintended event, including continuous or repeated exposure to substantially the same general harmful conditions, which results in “**bodily injury**” during the policy period.
- D. “**Medical Expenses**” means expenses for reasonable and necessary medical, surgical, dental, x-ray, ambulance, hospital and funeral services, including the cost of pharmaceutical, orthopedics and prosthetic devices, which are incurred on account of “**bodily injury**” caused by an “**accident**”. Such expenses must be incurred within one (1) year of the date of the “**accident**”.

#### **EXCLUSIONS**

We do not provide Medical Payments coverage for any “**insured**” for “**bodily injury**”:

- 1. Arising out of the ownership, maintenance, use, loading or unloading of:
  - a. an aircraft;
  - b. a “**motor vehicle**” (which includes “**your covered travel trailer**” while it is not parked off public roads); or
  - c. a watercraft owned or rented to you or a “**family member**” if the watercraft has inboard or inboard-outboard motor power of more than fifty (50) horsepower or is a sailing vessel, with or without auxiliary power, twenty-six (26) feet in overall length.

This exclusion does not apply while the watercraft is stored.

- 2. Arising out of the rendering or failing to render professional services.
- 3. Arising out of or occurring at any premises:
  - a. rented to you or a “**family member**”;
  - b. owned by you or a “**family member**”;
  - c. rented to others by you or a “**family member**”;that is not an “**insured location**”.

4. Caused by war (declared or not), any act of war, civil commotion, riot, any nuclear activity or radiation or any resulting action from any of these.
5. To an **“insured person”** who suffers **“bodily injury”** during the course of his/her employment.
6. Caused by the intentional act of you or a **“family member”** or at the direction of you or a **“family member”**.
7. To any **“insured”** while on the **“insured location”** to conduct **“business”** pursuits regardless of whether **“business”** is being conducted at the time of the **“accident”**.

#### **LIMIT OF LIABILITY**

We will pay up to \$10,000 for each **“insured”** injured in any one **“accident”**, provided that the most we will pay for all injuries suffered in one **“accident”**, regardless of the number of **“insureds”**, is \$20,000.

#### **OTHER INSURANCE**

This insurance is excess over any other applicable insurance, including, but not limited to, any applicable health or disability insurance, Medicare, or any military insurance benefits. If other insurance covers an **“accident”** on an excess basis, then we will pay the proportionate share that our Limit of Liability bears to the total of all applicable limits.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **TRAVEL TRAILER POLICY ADJACENT STRUCTURES COVERAGE**

It is hereby understood and agreed that for an additional premium the following coverage is added to your policy.

### **DEFINITIONS**

**“Insured Location”** means:

- a. **“Your covered travel trailer”** while it is parked off public roads with the engine of the towing or transporting vehicle turned off and is being used as a primary residence;
- b. that portion of vacant land owned by or rented to you other than farm land; or
- c. any part of a premises that is not:
  - (1) owned by you; or
  - (2) rented to you for a term that exceeds one hundred-eighty (180) days; or
  - (3) rented to you for **“business”** purposes,but only while you are temporarily residing on such premises.

### **INSURING AGREEMENT**

We will pay for direct, sudden and accidental loss of or damage to structures and their contents you own on your **“insured location”**. This coverage does not apply to damage that occurs over time, as the result of improper maintenance, wear and tear or as a result of snow accumulation.

### **LIMIT OF LIABILITY**

The amount we will pay under this coverage will be the lesser of:

- a. the difference between the **“actual cash value”** of your property immediately before the loss and its **“actual cash value”** immediately after the loss;
- b. the cost of repairing the damages;
- c. the **“actual cash value”** of your property immediately preceding the loss;
- d. the cost to replace your property with property of similar kind, quality and value; or
- e. a maximum Limit of Liability of \$2,000 for this coverage.

### **CONDITIONS**

This coverage does not apply to any loss to any structure that occurs while the structure is being moved.

A \$100 deductible will apply to each loss caused by theft.

All other provisions of this policy apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **TRAVEL TRAILER POLICY FULL TIMER'S SECURED STORAGE PERSONAL EFFECTS COVERAGE ENDORSEMENT**

It is hereby understood and agreed that for an additional premium the following coverage is added to your policy.

### **DEFINITIONS**

When used in this endorsement:

1. **"Personal Effects"** means any personal property owned by you or a **"relative"**, including household and other items normally used in conjunction with **"your covered travel trailer"** other than:
  - a. Self-propelled vehicles or watercraft;
  - b. Deeds, documents, records, bills, money (other than coin collections), notes, securities or other evidence of debt;
  - c. Any property used in your business or employment; or
  - d. Animals (including birds).
2. **"Secured storage location"** means a segregated portion of a building used in commercial storage business where access to your **"personal effects"** is restricted to you or your designated representative by locks, walls, or cages.
3. **"Relative"** means a person residing in the same household as you, and related to you by blood, marriage or adoption, including a ward, stepchild or foster child. Unmarried dependent children temporarily away from home will be considered residents if:
  - a. They are under the age of twenty-five (25) years; and
  - b. They intend to continue to reside in your household.

### **INSURING AGREEMENT**

Subject to the Limit of Liability, if you pay a premium for coverage, we will pay you for loss to **"secured storage personal effects"** while inside a **"secured storage location"** caused by:

1. Fire or lightning;
2. Explosion, smoke or smudge;
3. Windstorm, hail, earthquake, landslide, flood, rain, snow, sand, sleet or dust. This does not include loss to scheduled personal effects inside a **"secured storage location"** caused by rain, snow, sleet or dust unless the **"secured storage location"** is first damaged by the direct force of wind or hail, creating an opening through which the rain, snow, sleet or dust enters;
4. Riot or civil commotion;
5. Vandalism, but not when caused by you or a **"relative"**;
6. Aircraft and missiles;
7. Objects falling outside the **"secured storage location"**;

8. Theft, including larceny, robbery, burglary, or pilferage, all subject to the following additional conditions and limitations:
  - a. We may return any stolen property to you, along with payment for damage resulting from theft, at any time before settlement of a loss under this endorsement.
  - b. Theft must be a result of forcible entry of which there is evidence by visible marks of entry made by tools, electricity, explosives, chemicals, or other physical damage.
  - c. Each loss must be reported promptly to the police or appropriate civil authority.
  - d. We do not cover theft of "**personal effects**" while the "**personal effects**" are outside the "**secured storage location**".

However, no coverage is provided for theft of scheduled personal effects unless you, or someone on your behalf, reports the accident to the police or civil authority within twenty-four (24) hours or as soon as practicable after the loss.

## **EXCLUSIONS**

Coverage under this endorsement does not apply for loss:

1. For diminution of value;
2. Caused by birds, vermin, rodents, insects, domestic animals, or caused by animals owned or kept by you;
3. Caused intentionally by or at the direction of you or any "**relative**";
4. That is confined to scorching as a result of fire or lightning;
5. Due to abandonment;
6. To articles or merchandise held as samples for storage or repair or for demonstration or sale;
7. That occurs outside the "**secured storage location**";
8. If the "**secured storage location**" is being used for commercial or "**business**" purposes.

## **LIMITS OF LIABILITY**

The Limit of Liability for this coverage shall be as follows:

1. The aggregate Limit of Liability for any loss will be the lowest of:
  - a. The amount shown on the Declarations;
  - b. The cost of repairing or replacing the item or items with other of like kind and quality;
  - c. The applicable item limit set forth below; or
  - d. The applicable group limit set forth below.
2. Subject to the aggregate Limit of Liability shown on the Declarations for this coverage, we will pay no more than \$500 for any loss of a single item of \$1,000 for loss of any group of items from the following groups:
  - a. Travel tickets, passports, and manuscripts;
  - b. Coin collections and equipment, and stamps and collecting supplies;

- c. All cameras and equipment used with cameras;
  - d. Any single article of jewelry, art, heirlooms, antiques and furs (including any article containing fur which represents its principal value);
  - e. Non-motorized recreational equipment, guns, fishing, golf, and skiing equipment.
3. Subject to the aggregate Limit of Liability shown on the Declarations, we will pay no more than \$500 for any loss of a single item or \$3,000 for loss of any group of items from the following groups:
- a. Personal computers, monitors, word processors and data media used for personal purposes;
  - b. Devices or instruments for the transmitting, recording, receiving or reproduction of sound or pictures, including accessories, antennas, tapes, wires, records, disks or other media for use with any such device or instrument;
  - c. Silverware, silver-plated flatware, goldware, gold-plated ware and pewterware (including, but not limited to, flatware, hollowware, tea sets, trays and trophies made of or including silver, gold or pewter);
  - d. Household furnishings including upholstered and non-upholstered furniture, lamps, paintings and rugs;
  - e. Lawn and garden equipment.
4. Subject to all other applicable Limits of Liability, our Limit of Liability for loss to part of a pair or set, series of objects, pieces or panels is the lowest of:
- a. The cost to repair or replace the part that restores the set to its value before the loss;
  - b. The difference between the “**actual cash value**” of the set before the loss and after the loss;
  - c. The cost of a substitute part that reasonably matches the rest of the set.

We have no obligation to replace the entire set if only one part is lost or damaged.

#### **OTHER INSURANCE**

Any insurance we provide under this endorsement will be excess over any other collectible source of recovery including, but not limited to, any coverage provided by homeowner's insurance. If there is other similar insurance, we will pay only our share of the loss. Our share is the proportion that our Limit of Liability bears to the total of all applicable limits of liability.

## **TRAVEL TRAILER POLICY FULL SAFETY GLASS COVERAGE**

With respect to the coverage provided by this endorsement, the provisions of the policy apply unless modified by the endorsement.

### **PART D - COVERAGE FOR DAMAGE TO YOUR TRAVEL TRAILER**

The following is added to the first paragraph of the **Insuring Agreement**:

We will pay under **Other Than Collision Coverage** for the cost of repairing or replacing damaged safety glass on "**your covered travel trailer**", subject to a \$100 deductible. We will pay only if:

1. The Declarations indicate that **Other Than Collision Coverage** applies; and
2. A specific premium charge for **Full Safety Glass Coverage** is shown in the Declarations.

## REPLACEMENT COST PERSONAL EFFECTS COVERAGE

For an additional premium, losses under the Specified Perils Personal Effects endorsement are settled at replacement cost at the time of loss.

Replacement cost means the cost, at the time of loss, of a new article identical to the one damaged, destroyed or stolen. If the identical article is no longer made or is not available, we will pay the cost of a similar new article of like quality and usefulness.

Property listed below is not eligible for replacement cost settlement. Any loss will be settled at **"actual cash value"** at the time of loss. We will not pay more than the amount required to repair or replace any item.

1. Memorabilia;
2. Souvenirs;
3. Collectors' items and similar articles whose age or history adds to their value.
4. Articles not maintained in good or workable condition.

The following loss settlement procedure applies to all property insured under this endorsement.

1. We will pay no more than the least of the following amounts:
  - a. replacement cost at the time of loss;
  - b. the full cost of repair at the time of loss;
  - c. the limit of liability that applies to Personal Effects coverage;
  - d. any applicable special limits of liability stated in this policy; or
  - e. the limit of liability that applies to any item specifically described and insured in this policy.
2. When the replacement cost for the entire loss under this endorsement is more than \$500, we will pay no more than the **"actual cash value"** for the loss or damage until the actual repair or replacement is complete.
3. You may first make a claim for loss on an **"actual cash value"** basis. Then, within 180 days after the loss, you may make claim for any additional liability consistent with the terms of this endorsement.

All other provisions of the policy apply.



**POLICY DECLARATIONS**  
**Recreational Vehicle Summary**  
 New Business

Policy Number: 000-146-896  
 Policy Period: April 30, 2007 to April 30, 2008 12:01 A.M. Standard Time

**Insured/Agent Information**

**Named Insured(s):** Jane Doe  
 450 Brown, Columbus IN 47201

**Your Agent:** Agent Name  
 PO Box 248, Forest City IA 50436  
 (800) 331-1520

**Broker:** None

**Operator Information**

<b>Listed Operator(s):</b>	<b>Accidents/Violations:</b>	<b>Date:</b>
Jane Doe	None	
Other TestGuy	None	

**Excluded Operator(s):**  
 None

**Unit Information**

<b>Unit(s) Covered:</b>	<b>Vehicle Identification Number:</b>
Unit #1: 2006 AIRSTREAM Test	111111111111111111

**Premium Summary Information**

Unit #1:	\$637.00	* Your total Recreational Vehicle premium includes discounts of \$0.00 and surcharges of \$0.00.
Fees/Taxes	\$0.00	
<b>Total 12-Month Policy Premium*</b>	<b>\$637.00</b>	

Note: A minimum earned premium of \$0.00 applies to this policy.

**Miscellaneous Coverages**

None



# POLICY DECLARATIONS

Recreational Vehicle  
New Business

Policy Number: 000-146-896  
 Policy Period: April 30, 2007 to April 30, 2008 12:01 a.m. Standard Time

**Unit #1: 2006 AIRSTREAM Test**

**Vehicle Identification Number:** 111111111111111111  
**Garaging Address:** 450 Brown, Columbus IN 47201

**Unit Information:**

**Operator Information**

**Principal Operator:** Jane Doe  
**Occasional Operators:** Other TestGuy

Coverage	Limit/Description	12-Month Premium
Bodily Injury Liability	\$25,000 each person, \$50,000 each accident	\$58.00
Property Damage Liability	\$25,000 each accident	\$26.00
Uninsured Motorists Bodily Injury	\$25,000 each person, \$50,000 each accident	\$8.00
Uninsured Motorists Property Damage	\$25,000 each accident	\$6.00
Underinsured Motorists Bodily Injury	\$25,000 each person, \$50,000 each accident	\$3.00
Medical Payments	\$1,000 each person	\$12.00
Comprehensive ACV	Actual Cash Value less \$500 deductible	\$274.00
Collision ACV	Actual Cash Value less \$500 deductible	\$250.00
<b>Total 12-Month Premium for Unit # 1</b>		<b>\$637.00</b>

**Discounts Applied:** None      **Amount:**      **Surcharges Applied:** None      **Amount:**

**Policy Form and Endorsements:**

V0011 01/05      V3031 12/96      V8091 01/99      V1661 12/05      V1402 01/05  
 V4691 01/05      VRN06 07/02



# POLICY DECLARATIONS

Recreational Vehicle  
New Business

Policy Number: 000-146-896  
Policy Period: April 30, 2007 to April 30, 2008 12:01 a.m. Standard Time

## Policy Form and Endorsements Summary

PVS00 06/06 Privacy Notice  
V0011 01/05 MOTORHOME POLICY  
V3031 12/96 TOWING AND LABOR COSTS COVERAGE  
V8091 01/99 SPECIFIED PERILS PERSONAL EFFECTS COVERAGE  
V1661 12/05 AMENDMENT OF POLICY PROVISIONS - INDIANA  
V1402 01/05 UNDERINSURED MOTORISTS COVERAGE - INDIANA  
V4691 01/05 UNINSURED MOTORIST COVERAGE - INDIANA  
VRN06 07/02 IMPORTANT NOTICE - INDIANA

**PLEASE REVIEW THE INFORMATION CONTAINED IN THIS POLICY  
IF ANY INFORMATION IS INCORRECT, PLEASE CONTACT CUSTOMER SERVICE:**

**Agent Name**  
(800) 331-1520

**CLAIMS TELEPHONE NUMBER: 1-800-543-2644**  
**HOURS: 8:00 A.M. - 7:00 P.M. EST/EDT**

AMERICAN MODERN INSURANCE GROUP

MAILING ADDRESS  
PO BOX 5323  
CINCINNATI, OHIO 45201-5323

MAIN ADMINISTRATIVE OFFICE  
7000 MIDLAND BOULEVARD  
AMELIA, OHIO 45102-2607

Date prepared: 04/30/2007  
Bill to: Insured  
Form #: 0110-4269 10/07

Insured Copy

## Supporting Document Schedules

<b>Bypassed -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	07-12-2007
<b>Bypass Reason:</b>	n/a information in serff now		
<b>Comments:</b>			
<b>Satisfied -Name:</b>	Cover letter	<b>Review Status:</b> Approved	07-12-2007
<b>Comments:</b>	Form Cover letter		
<b>Attachment:</b>	ARcoverltr form.pdf		
<b>Satisfied -Name:</b>	Filing Memorandum	<b>Review Status:</b> Approved	07-12-2007
<b>Comments:</b>	Memo		
<b>Attachment:</b>	Filing Memorandum form.pdf		
<b>Satisfied -Name:</b>	Flesh score	<b>Review Status:</b> Approved	07-12-2007
<b>Comments:</b>			
<b>Attachments:</b>	F613AR_V811T.pdf		
	F613AR_V8111.pdf		
	F613AR_V8191.pdf		
	F613AR_VRG00.pdf		
	F613AR_VRJ00.pdf		
	F613AR_VRK00.pdf		
	F613AR_VRQ00.pdf		
	F613AR_VRS00.pdf		
	F613AR_VRX00.pdf		
	F613AR_VRZ00.pdf		
	F613AR_VTG00.pdf		
	F613AR_VTJ00.pdf		
	F613AR_VTQ00.pdf		
	F613AR_VTS00.pdf		
	F613AR_VTX00.pdf		

**Review Status:**

Approved

07-12-2007

**Satisfied -Name:** Form Filing

**Comments:**

**Attachment:**

Form filing.pdf



AMERICAN FAMILY HOME  
INSURANCE COMPANY

June 29, 2007

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY & CASUALTY DIVISION  
1200 W 3RD ST  
LITTLE ROCK AR 72201-1904

**RE: American Family Home Insurance Company  
Recreational Vehicle Program  
Form Filing  
Company Filing Number: 20070628-01**

Dear Director,

The American Family Home Insurance Company submits for your approval a revision to our form filing for our Recreational Vehicle Program approved on June 8, 2006. This submission will replace the current and subsequent submissions in its entirety. Please refer to the attached explanatory memorandum for a complete summary of the proposed changes. The rate and rule section of this filing was submitted under separate cover which is file #20070613-07.

We are proposing an effective date of January 1, 2008 for new and renewal business. Please acknowledge receipt and approval and return it to my attention.

If you have any questions regarding this submission, please contact me at (800) 759-9008, extension 5871 or at my e-mail address which is [mdeller@amig.com](mailto:mdeller@amig.com). My fax number is (513) 947-4655.

Best regards,  
AMERICAN FAMILY HOME INSURANCE COMPANY  
FEIN 31-0711074/NAIC 23450

Melissa Deller  
Compliance Analyst

## **ARKANSAS RECREATIONAL VEHICLE FORM EXPLANATORY MEMORANDUM**

Due to our soon to be implemented new processing system we have revised the format of our filing to correspond easier with the internal system set up. Therefore, the changes to the filing itself are extensive but the actual changes to the program are few. I will list the changes being made at this time.

**We have revised the following forms for Motor Home:**

- V8111 Replacement Cost Loss Settlement. Please see the attached side by side comparison of these forms.
  
- V8191 Replacement Cost Personal Effects. Please see the attached side by side comparison of these forms.
  
- VRG00 Full Safety Glass Endorsement. Please see the attached side by side comparison of these forms.

We have added the following forms for Motor Home:

- VRQ00 (12/06) Identity Theft Endorsement
- VRX00 (12/06) Full Timer Medical Endorsement
- VRJ00 (12/06) Adjacent Structure Endorsement
- VRZ00 (12/06) Land Motor Vehicle Endorsement
- VRS00 (12/06) Full Timer's Secured Storage Personal Effects Coverage
- VRK00 (12/06) Full Timer's Loss Assessment

These forms are all attached for your review and approval.

**We have revised the following forms for Travel Trailer:**

- V811T Replacement Cost Loss Settlement. Please see the attached side by side comparison of these forms.
  
- V8191 Replacement Cost Personal Effects. Please see the attached side by side comparison of these forms.

We have added the following forms for Travel Trailer:

- VTQ00 (12/06) Identity Theft Endorsement
- VTX00 (01/07) Full Timer Medical Endorsement
- VTJ00 (12/06) Adjacent Structure Endorsement
- VTS00 (12/06) Full Timer's Secured Storage Personal Effects Coverage
- VTG00 (01/07) Full Safety Glass Endorsement

These forms are all attached for your review and approval.

**We have revised our Dec page for this filing as follows.**

**0110-4269 (10/07) Declaration Page** – This replaces the (05/92) version of this form. We are introducing a new layout and structure.

➤ **Summary Page**

Similar to our current policy summary page, it contains information pertaining to the units for the product. We have included listed and excluded operators on this page.

➤ **DEC Unit Page**

Similar to our current unit page, our revised form prints for each unit within the policy. It contains information pertaining to the specific unit including coverages, endorsement forms, unit premium, discounts and surcharges, etc. We have included occasional

operators on this page, and have moved the accidents and violations to the summary page.

➤ **Forms Summary Page**

New to our declaration page, the forms summary page contains a listing of forms which includes form name, form edition date and title of form.

We are proposing a new business effective date of January 1, 2008. The entire manual has been included with my submission including a list of the forms.

**STATE OF ARKANSAS  
REVISED CERTIFICATE OF COMPLIANCE**

COMPANY NAME: American Family Home Insurance Company  
DESCRIPTION: Replacement Cost Loss Settlement Endorsement  
FORM NUMBER: V811T  
EDITION DATE: 12/06

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 50.10 and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.



\_\_\_\_\_  
Signature of Officer of Company

\_\_\_\_\_  
Senior Vice President  
Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

**STATE OF ARKANSAS  
REVISED CERTIFICATE OF COMPLIANCE**

COMPANY NAME: American Family Home Insurance Company

DESCRIPTION: Replacement Cost Loss Settlement Endorsement

FORM NUMBER: V8111

EDITION DATE: 09/06

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 53.30 and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.

*D. Eugene Stetter*

\_\_\_\_\_  
Signature of Officer of Company

\_\_\_\_\_  
Senior Vice President

Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

**STATE OF ARKANSAS  
REVISED CERTIFICATE OF COMPLIANCE**

COMPANY NAME: American Family Home Insurance Company  
DESCRIPTION: Replacement Cost Personal Effects Coverage  
FORM NUMBER: V8191  
EDITION DATE: 03/07

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 45.00 and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.

*D. Eugene Stebbins*

\_\_\_\_\_  
Signature of Officer of Company

\_\_\_\_\_  
Senior Vice President  
Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

**STATE OF ARKANSAS  
REVISED CERTIFICATE OF COMPLIANCE**

COMPANY NAME: American Family Home Insurance Company  
DESCRIPTION: Full Safety Glass Endorsement  
FORM NUMBER: VRG00  
EDITION DATE: 04/07

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 53.04 with policy and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.

*D. Eugene Hester*

\_\_\_\_\_  
Signature of Officer of Company

\_\_\_\_\_  
Senior Vice President  
Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

**STATE OF ARKANSAS  
REVISED CERTIFICATE OF COMPLIANCE**

COMPANY NAME: American Family Home Insurance Company  
DESCRIPTION: Adjacent Structure Endorsement  
FORM NUMBER: VRJ00  
EDITION DATE: 12/06

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 47.70 and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.

*D. Eugene Stetter*

\_\_\_\_\_  
Signature of Officer of Company

\_\_\_\_\_  
Senior Vice President  
Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

**STATE OF ARKANSAS  
REVISED CERTIFICATE OF COMPLIANCE**

COMPANY NAME: American Family Home Insurance Company  
DESCRIPTION: Full Timer's Loss Assessment  
FORM NUMBER: VRK00  
EDITION DATE: 12/06

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 52.81 with policy and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.

*D. Eugene Stetter*

\_\_\_\_\_  
Signature of Officer of Company

\_\_\_\_\_  
Senior Vice President

Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

**STATE OF ARKANSAS  
REVISED CERTIFICATE OF COMPLIANCE**

COMPANY NAME: American Family Home Insurance Company  
DESCRIPTION: Identity Theft Endorsement  
FORM NUMBER: VRQ00  
EDITION DATE: 12/06

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 53.77 with policy and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.

*D. Eugene Stetter*

\_\_\_\_\_  
Signature of Officer of Company

\_\_\_\_\_  
Senior Vice President  
Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

**STATE OF ARKANSAS  
REVISED CERTIFICATE OF COMPLIANCE**

COMPANY NAME: American Family Home Insurance Company

DESCRIPTION: Full Timer's Secured Storage Personal Effects Coverage

FORM NUMBER: VRS00

EDITION DATE: 12/06

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 40.10 and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.

*D. Eugene Stetter*

\_\_\_\_\_  
Signature of Officer of Company

\_\_\_\_\_  
Senior Vice President

Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

**STATE OF ARKANSAS  
REVISED CERTIFICATE OF COMPLIANCE**

COMPANY NAME: American Family Home Insurance Company  
DESCRIPTION: Full Timer Medical Endorsement  
FORM NUMBER: VRX00  
EDITION DATE: 12/06

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 52.78 with policy and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.

*D. Eugene Stetter*

\_\_\_\_\_  
Signature of Officer of Company

\_\_\_\_\_  
Senior Vice President

Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

**STATE OF ARKANSAS  
REVISED CERTIFICATE OF COMPLIANCE**

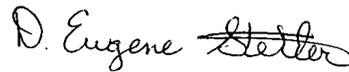
COMPANY NAME: American Family Home Insurance Company

DESCRIPTION: Land Motor Vehicle Endorsement

FORM NUMBER: VRZ00

EDITION DATE: 12/06

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 47.70 and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.



\_\_\_\_\_  
Signature of Officer of Company

\_\_\_\_\_  
Senior Vice President

Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

**STATE OF ARKANSAS  
REVISED CERTIFICATE OF COMPLIANCE**

COMPANY NAME: American Family Home Insurance Company  
DESCRIPTION: Full Safety Glass Coverage  
FORM NUMBER: VTG00  
EDITION DATE: 01/07

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 52.83 with policy and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.

*D. Eugene Stetter*

\_\_\_\_\_  
Signature of Officer of Company

\_\_\_\_\_  
Senior Vice President

Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

**STATE OF ARKANSAS  
REVISED CERTIFICATE OF COMPLIANCE**

COMPANY NAME: American Family Home Insurance Company

DESCRIPTION: Adjacent Structure Endorsement

FORM NUMBER: VTJ00

EDITION DATE: 12/06

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 47.70 and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.

*D. Eugene Stetter*

\_\_\_\_\_  
Signature of Officer of Company

\_\_\_\_\_  
Senior Vice President

Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

**STATE OF ARKANSAS  
REVISED CERTIFICATE OF COMPLIANCE**

COMPANY NAME: American Family Home Insurance Company  
DESCRIPTION: Identity Theft Endorsement  
FORM NUMBER: VTQ00  
EDITION DATE: 12/06

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 54.22 with policy and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.

*D. Eugene Hatten*

\_\_\_\_\_  
Signature of Officer of Company

\_\_\_\_\_  
Senior Vice President  
Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

**STATE OF ARKANSAS  
REVISED CERTIFICATE OF COMPLIANCE**

COMPANY NAME: American Family Home Insurance Company

DESCRIPTION: Full Timer's Secured Storage Personal Effects Coverage

FORM NUMBER: VTS00

EDITION DATE: 12/06

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 40.30 and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.

*D. Eugene Hester*

\_\_\_\_\_  
Signature of Officer of Company

\_\_\_\_\_  
Senior Vice President

Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

**STATE OF ARKANSAS  
REVISED CERTIFICATE OF COMPLIANCE**

COMPANY NAME: American Family Home Insurance Company  
DESCRIPTION: Full Timer Medical Endorsement  
FORM NUMBER: VTX00  
EDITION DATE: 01/07

This is to certify that the above captioned policy form has achieved a Flesch Reading Ease Test score of 51.69 with policy and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.

*D. Eugene Hester*

\_\_\_\_\_  
Signature of Officer of Company

\_\_\_\_\_  
Senior Vice President  
Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
RECREATIONAL VEHICLE PROGRAM**

**FILED FORMS LIST**

**MOTOR HOME**

<b>FORM NUMBER</b>	<b>TITLE</b>
V0011 01/05	MOTOR HOME POLICY
V1771 01/05	AMENDMENT OF POLICY PROVISIONS - ARKANSAS
V3031 12/96	TOWING AND LABOR COSTS COVERAGE
V3211 10/01	MEXICO COVERAGE
V3341 10/93	JOINT OWNERSHIP COVERAGE
V3351 06/97	OUTSTANDING PRINCIPAL LOAN BALANCE
V4341 01/05	UNDERINSURED MOTORISTS COVERAGE - ARKANSAS
V4951 11/05	UNINSURED MOTORISTS COVERAGE - ARKANSAS
V5821 08/00	PERSONAL INJURY PROTECTION COVERAGE-ARKANSAS
V65AR 05/98	NOTICE TO ARKANSAS INSUREDS
V8091 01/99	SPECIFIED PERILS PERSONAL EFFECTS COVERAGE
*V8111 09/06	REPLACEMENT COST LOSS SETTLEMENT ENDORSEMENT
V8121 10/94	ACCIDENTAL DEATH & DISMEMBERMENT
V8131 12/96	EMERGENCY EXPENSE COVERAGE
*V8191 03/07	REPLACEMENT COST PERSONAL EFFECTS COVERAGE
V8551 10/98	DEDUCTIBLES ENDORSEMENT
V8341 03/04	PERSONAL LIABILITY ENDORSEMENT
VM4AR 11/04	REJECTION OF UM/UIM AND OFFER OF INCREASED LIMITS
VM5AR 02/02	REJECTION OF PERSONAL INJURY PROTECTION COVERAGE
VR100 02/04	AGREED VALUE COVERAGE ENDORSEMENT
VRD00 08/04	DRIVER EXCLUSION ENDORSEMENT
*0110-4269 10/07	POLICY DECLARATIONS
70399 03/85	NOTICE OF CANCELLATION OR NONRENEWAL
JENRIC--16	AUTOMATED NON-RENEWAL NOTICE
JENRI	AUTOMATED CANCELLATION NOTICE
VRR00 08/05	PURCHASE PRICE GUARANTEE ENDORSEMENT
*VRG00 04/07	FULL SAFETY GLASS ENDORSEMENT
*VRQ00 12/06	IDENTITY THEFT ENDORSEMENT
*VRX00 12/06	FULL TIMER MEDICAL ENDORSEMENT
*VRJ00 12/06	ADJACENT STRUCTURE ENDORSEMENT
*VRZ00 12/06	LAND MOTOR VEHICLE ENDORSEMENT
*VRS00 12/06	FULL TIMER'S SECURED STORAGE PERSONAL EFFECTS COVERAGE
*VRK00 12/06	FULL TIMER'S LOSS ASSESSMENT

\* New / Revised Endorsement

<b>NEW PAGE</b>	<b>X</b>	<b>PAGE NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>PUBLICATION DATE</b>
<b>REVISION</b>		<b>F-1</b>	<b>01/01/2008</b>	<b>06/29/07</b>

**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
RECREATIONAL VEHICLE PROGRAM**

**TRAVEL TRAILER**

<b>FORM NUMBER</b>	<b>TITLE</b>
V001T 01/05	HOLIDAY TRAVELER TRAVEL TRAILER POLICY
V177T 01/05	AMENDMENT OF POLICY PROVISIONS - ARKANSAS
V3031 12/96	TOWING AND LABOR COSTS COVERAGE
V321T 10/01	MEXICO COVERAGE
V334T 10/97	JOINT OWNERSHIP COVERAGE
V3351 06/97	OUTSTANDING PRINCIPAL LOAN BALANCE
V809T 02/00	SPECIFIED PERILS PERSONAL EFFECTS COVERAGE
*V811T 12/06	REPLACEMENT COST LOSS SETTLEMENT ENDORSEMENT
V812T 10/97	ACCIDENTAL DEATH AND DISMEMBERMENT
V813T 10/97	EMERGENCY EXPENSE COVERAGE
*V8191 03/07	REPLACEMENT COST PERSONAL EFFECTS COVERAGE
V834T 03/04	PERSONAL LIABILITY ENDORSEMENT
V855T 10/98	DEDUCTIBLES ENDORSEMENT
VRT00 02/04	AGREED VALUE COVERAGE ENDORSEMENT
VTD00 08/04	DRIVER EXCLUSION ENDORSEMENT
*0110-4269 10/07	POLICY DECLARATIONS
70399 03/85	NOTICE OF CANCELLATION OR NONRENEWAL
JENRIC-16	NON-RENEWAL NOTICE
JENRI	CANCELLATION NOTICE
VTR00 08/05	PURCHASE PRICE GUARANTEE
*VTQ00 12/06	IDENTITY THEFT ENDORSEMENT
*VTX00 01/07	FULL TIMER MEDICAL ENDORSEMENT
*VTJ00 12/06	ADJACENT STRUCTURE ENDORSEMENT
*VTS00 12/06	FULL TIMER'S SECURED STORAGE PERSONAL EFFECTS COVERAGE
*VTG00 01/07	FULL SAFETY GLASS COVERAGE

\* New / Revised Endorsement

<b>NEW PAGE</b>	<b>X</b>	<b>PAGE NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>PUBLICATION DATE</b>
<b>REVISION</b>		<b>F-2</b>	<b>01/01/2008</b>	<b>06/29/07</b>

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Form	Declarations	06-29-2007	AFHDecRV.pdf



**POLICY DECLARATIONS**  
**Recreational Vehicle Summary**  
 New Business

Policy Number: 000-146-896  
 Policy Period: April 30, 2007 to April 30, 2008 12:01 A.M. Standard Time

**Insured/Agent Information**

**Named Insured(s):** Jane Doe  
 450 Brown, Columbus IN 47201

**Your Agent:** Agent Name  
 PO Box 248, Forest City IA 50436  
 (800) 331-1520

**Broker:** None

**Operator Information**

<b>Listed Operator(s):</b>	<b>Accidents/Violations:</b>	<b>Date:</b>
Jane Doe	None	
Other TestGuy	None	

**Excluded Operator(s):**  
 None

**Unit Information**

<b>Unit(s) Covered:</b>	<b>Vehicle Identification Number:</b>
Unit #1: 2006 AIRSTREAM Test	111111111111111111

**Premium Summary Information**

Unit #1:	\$637.00	* Your total Recreational Vehicle premium includes discounts of \$0.00 and surcharges of \$0.00.
Fees/Taxes	\$0.00	
<b>Total 12-Month Policy Premium*</b>	<b>\$637.00</b>	

Note: A minimum earned premium of \$0.00 applies to this policy.

**Miscellaneous Coverages**

None



# POLICY DECLARATIONS

Recreational Vehicle  
New Business

Policy Number: 000-146-896  
 Policy Period: April 30, 2007 to April 30, 2008 12:01 a.m. Standard Time

**Unit #1: 2006 AIRSTREAM Test**

**Vehicle Identification Number:** 111111111111111111  
**Garaging Address:** 450 Brown, Columbus IN 47201

**Unit Information:**  
None

**Operator Information**

**Principal Operator:** Jane Doe  
**Occasional Operators:** Other TestGuy

Coverage	Limit/Description	12-Month Premium
Bodily Injury Liability	\$25,000 each person, \$50,000 each accident	\$58.00
Property Damage Liability	\$25,000 each accident	\$26.00
Uninsured Motorists Bodily Injury	\$25,000 each person, \$50,000 each accident	\$8.00
Uninsured Motorists Property Damage	\$10,000 each accident	\$6.00
Underinsured Motorists Bodily Injury	\$25,000 each person, \$50,000 each accident	\$3.00
Comprehensive ACV	Actual Cash Value less \$500 deductible	\$274.00
Collision ACV	Actual Cash Value less \$500 deductible	\$250.00
<b>Total 12-Month Premium for Unit # 1</b>		<b>\$637.00</b>

**Discounts Applied:** None      **Amount:**      **Surcharges Applied:** None      **Amount:**

**Other Information**

**Lienholder:**  
None

**Additional Insured:**  
None

**Policy Form and Endorsements:**  
 V0011 01/05    V3031 12/96    V8091 01/99    V1661 12/05    V1402 01/05  
 V4691 01/05    VRN06 07/02



**POLICY DECLARATIONS**  
Recreational Vehicle  
New Business

Policy Number: 000-146-896  
Policy Period: April 30, 2007 to April 30, 2008 12:01 a.m. Standard Time

**Policy Form and Endorsements Summary**

PVS00 06/06 Privacy Notice  
V0011 01/05 MOTORHOME POLICY  
V3031 12/96 TOWING AND LABOR COSTS COVERAGE  
V8091 01/99 SPECIFIED PERILS PERSONAL EFFECTS COVERAGE  
V1661 12/05 AMENDMENT OF POLICY PROVISIONS - INDIANA  
V1402 01/05 UNDERINSURED MOTORISTS COVERAGE - INDIANA  
V4691 01/05 UNINSURED MOTORIST COVERAGE - INDIANA  
VRN06 07/02 IMPORTANT NOTICE - INDIANA

***PLEASE REVIEW THE INFORMATION CONTAINED IN THIS POLICY  
IF ANY INFORMATION IS INCORRECT, PLEASE CONTACT CUSTOMER SERVICE:***

**Agent Name**  
(800) 331-1520

**CLAIMS TELEPHONE NUMBER: 1-800-543-2644  
HOURS: 8:00 A.M. - 7:00 P.M. EST/EDT**

**AMERICAN MODERN INSURANCE GROUP**

**MAILING ADDRESS  
PO BOX 5323  
CINCINNATI, OHIO 45201-5323**

**MAIN ADMINISTRATIVE OFFICE  
7000 MIDLAND BOULEVARD  
AMELIA, OHIO 45102-2607**

Date prepared: 04/30/2007  
Bill to: Insured  
Form #: 0110-4269 10/07

Insured Copy